Search Project: Wherritt Home Hospital

Date Begun: __________ Date Finished: __________

What to do	Date Done
Liesa Thielke Cox said Dr Wherritt had a Hospital in his home -	
Call Lois Wherritt Todd for detail:	10-12-88
no such thing.	〃
Small bldg to north - T&As etc	

See Doctors of Wasatch Co or Wm Russell Wherritt Genealogy

Ref: 1. Pers. Interview c Liesa Thielke Barlow Steinberger Cox 11-16-84

CONSENT TO OPERATION, ADMINISTRATION OF ANESTHETICS, AND THE RENDERING OF OTHER MEDICAL SERVICES

Date ....

Hour ....M.

....
(Name of Patient)

1. I authorize and direct .... M.D. my surgeon and/or associates or assistants of his choice to perform the following operation upon me ....

....

and/or to do any other therapeutic procedure that (his) (their) judgment may dictate to be advisable for the patient's well-being. The nature of the operation has been explained to me and no warranty or guarantee has been made as to the result or cure.

2. I hereby authorize and direct the above-named surgeon and/or his associates or assistants to provide such additional services for me as he or they may deem reasonable and necessary, including, but not limited to, the administration and maintenance of the anesthesia, and the performance of services involving pathology and radiology, and I hereby consent thereto.

3. I hereby authorize the hospital pathologist to use his discretion in the disposal of any severed tissue or member, except ....

Patient's Signature ....

Witness ....

(If patient is a minor or unable to sign, complete the following:)

Patient is a minor ...., or is unable to sign, because ....

.... (Father)

.... (Guardian)

.... (Mother)

.... (Other Person and Relationship)

CONSENT TO TREATMENT

I hereby authorize my physician or physicians in charge of my care, or that of the patient named on the other side of this sheet to administer such treatment or carry out such procedures as may be deemed necessary or advisable in the diagnosis and treatment of my case, or that of the named patient.

Edna Witherell
(Witness)

Signed Mrs. Lena Smith
(Patient or Nearest Relative)

.... (Witness)

.... (Relationship)

.... (Date)